

First Aid Policy

Queen's College, Taunton

August 2019 V2

1 Introduction

- 1.1 This is the whole school first aid policy of Queen's College, Taunton with an additional policy for EYFS. It is available to parents of pupils and of prospective pupils on request and to all members of School staff.
- 1.2 The arrangements within this policy are based on the results of a risk assessment carried out by the School in regards to all staff, pupils and visitors.
- 1.3 This policy is drafted in accordance with regulation 13 of the Education (Independent School Standards) Regulations 2014 (SI 2014/3283), the Health and Safety at Work etc Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 (SI 1981/917), the *First Aid at work: Health and Safety (First Aid) Regulations 1981 approved code of practice and guidance*.
- 1.4 This policy can be made available in large print or other accessible format if required.

2 Definitions

Appointed Persons: are members of staff who are not qualified First Aiders but who are responsible for looking after the First Aid equipment and facilities and calling the emergency services if required.

EFAW: means Emergency First Aid at Work.

First Aid: means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, First Aid does not include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted First Aid practice to treat a suspected heart attack.

FAW: means First Aid at Work.

First Aiders: are members of staff who have completed an approved First Aid course and hold a valid certificate of competence in FAW or EFAW or PFAW or an approved alternative qualification which has been identified in place of FAW or EFAW or PFAW which meets the requirements of the First Aid Guidance.

First Aid Guidance: is the *First Aid at work: Health and Safety (First Aid) Regulations 1981: approved code of practice and guidance* (Health and Safety Executive, L74, 3rd edition, 2013).

First Aid Personnel: means First Aiders or Appointed Persons or both.

Inhalers Guidance: means the Guidance on the use of emergency salbutamol inhalers in schools (Department of Health, March 2015).

Staff: means any person employed by the School, volunteers at the School and self-employed people working on School premises.

School: is the school defined in 1.1 above.

School Accident Book: has the meaning given in 14.1 below.

School Doctor(s): is/are a Doctor from the College Way Surgery who is/are contracted to provide medical services to pupils at the School and who is/are responsible for medical supervision.

School Nurses: Mrs Rachael Wilson (Senior School Nurse)Mrs Sue Parratt (Deputy **Senior School Nurse**), Mrs Lidia Carp, Mrs Emma Walburn, Mrs Jane Whitefield and Mrs Alison Chedham are primarily located in the School's Medical Centre. The School Nurses are registered with the Nursing and Midwifery Council and evidence of current registration can be found on the NMC website. <https://www.nmc.org.uk/registration/search-the-register/>

Medical Centre: is located on the ground floor of the Haslam Block. It is used for the provision of medical treatment, including First Aid, when required. The Medical Centre has essential First Aid facilities and equipment. As far as is possible, the School reserves this facility exclusively for giving medical treatment.

3 **Aims of this policy**

3.1 To ensure that:

- 3.1.1 the School has adequate, safe and effective First Aid provision in order for every pupil, Staff and visitor to be well looked after in the event of any illness, accident or injury;
- 3.1.2 all Staff and pupils are aware of the procedures in the event of any illness, accident or injury.

3.2 Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, Staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy and make clear arrangements for liaison with ambulance services on the School site.

4 **Responsibilities**

- 4.1 The School will ensure that there are adequate and appropriate First Aid equipment, facilities and First Aid Personnel on the School site.
- 4.2 The Head Teacher delegates to the Senior School Nurse the day to day responsibility for ensuring that there is adequate First Aid equipment, facilities and First Aid Personnel available to the School.
- 4.3 The Head Teacher in conjunction with the Senior School Nurse will regularly review the School's First Aid needs and arrangements to ensure that the School's First Aid provision is adequate.
- 4.4 The Head Teacher delegates to the Senior School Nurse responsibility for collating medical consent forms and important medical information for each pupil and ensuring the forms and information are accessible to staff as necessary.

- 4.5 The Senior School Nurse is responsible for ensuring that Staff have the appropriate and necessary First Aid training as required and that they have appropriate understanding, confidence and expertise in relation to First Aid.
- 4.6 **First Aiders:** The Head Teacher is responsible for ensuring that the School has as an adequate number of First Aid Personnel on site at all times.
- 4.7 There will be at least one First Aider on each school site when children are present. Also in the Early Years Foundation Stage (**EYFS**) setting at least one person who has a current paediatric First Aid certificate will be on the premises at all times when children are present. On outings [including children from the EYFS] there will be at least one person who has a current paediatric First Aid certificate.]
- 4.8 An up to date list of First Aiders can be found in the Estates Office.
- 4.9 The main duties of First Aiders are to give immediate First Aid to pupils, Staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the Senior School Nurse.
- 4.10 First aiders will undergo updated training at least every three years to maintain their qualification.
- 4.11 All Staff should read and be aware of this policy, know who to contact in the event of any illness, accident or injury and ensure this policy is followed in relation to the administration of First Aid. All Staff will use their best endeavours, at all times, to secure the well-being and welfare of the pupils.
- 5 Procedure in the event of an accident or injury**
- 5.1 If an accident occurs, then the member of Staff in charge should be consulted. That member of Staff will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. If necessary, the School Nurse should be called as soon as is possible. Appointed Persons or First Aiders can also be called, if necessary, and should be called if the School Nurse is not available immediately. However minor the injury, the School Nurse should always be informed, even if not called.
- 5.2 In the event that a First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay. This may involve calling for the School Nurse or for an ambulance or making arrangements to transport the injured person to A & E or access other appropriate medical services.
- 5.3 **Ambulances:** If an ambulance is called then the School Nurse or First Aider in charge should make arrangements for the ambulance to have access to the accident site. Where necessary GPS co-ordinates should be provided and arrangements should be made for the ambulance to be met.
- 5.4 Staff should always call an ambulance when there is a medical emergency and / or serious injury.

5.5 Examples of medical emergencies may include:

- a significant head injury
- fitting, unconsciousness or concussion
- difficulty in breathing and / or chest pains
- exhaustion, collapse and / or other signs of a severe asthma attack
- a severe allergic reaction
- a severe loss of blood
- severe burns or scalds
- the possibility of a serious fracture such as an open fracture.

5.6 Arrangements should be made to ensure that any pupil is accompanied in the ambulance, or followed to hospital, by a member of Staff if it is not possible to contact the pupil's parent(s) (or legal guardian(s)) in time.

6 **Procedures for pupils with medical conditions such as asthma, epilepsy, diabetes etc**

6.1 The information held by the School will include details of pupils who need to have access to asthma inhalers, auto injector device (Epipens), injections or similar and this information should be circulated to Year Leaders, teachers and Boarding House Parents where applicable.

6.2 Where appropriate, individual pupils will be given responsibility for keeping such equipment with them and this will be reviewed on a regular basis. In other cases, the equipment will be kept, suitably labelled, at the Medical Centre / by the Junior School Office staff.

6.3 The School has guidance and protocols in place to deal with common medical conditions such as anaphylaxis, asthma, epilepsy and diabetes. Copies of the guidance and protocols are available from the School Nurse or the school office **Asthma:** the School adopts the Inhalers Guidance in respect of the use of emergency salbutamol inhalers and holds stock salbutamol inhalers which can be used, with parental consent, when a pupil is not able to access his or her own inhaler (see Appendix 1) **Anaphylaxis:** the school adopts the adrenaline auto injectors guidance in respect of the use of emergency adrenaline auto injectors which, with parental consent, can be used when a pupil is not able to access his or her own auto injector (see appendix 2)

7 **Procedure in the event of illness**

7.1 Pupils may visit the School Nurse in the Medical Centre during clinic hours. If a pupil is unwell during lessons then they should consult the member of Staff in charge who will assess the situation and decide on the next course of action. Where necessary, the pupil will be accompanied to see the School Nurse in the Medical Centre. The School Nurse will provide the First Aid as required and decide on the next course of action.

7.2 Staff may visit the School Nurse and / or Medical Centre as and when necessary, but appropriate cover must be arranged.

7.3 The School will discuss with parents the procedures for children who may become ill or infectious and take necessary steps to prevent the spread of infection and illnesses. In the case of infectious illness, it may be necessary for a parent or guardian to collect their child from school.

7.4 On rare occasions it may be necessary to contact Public Health England for advice and support on managing outbreaks.

8 **First Aid boxes/bags**

8.1 First Aid boxes are marked with a white cross on a green background. The content of the First Aid boxes will be determined by the School's First Aid needs assessment and will usually be stocked in accordance with [Appendix 2](#)

8.2 First Aid boxes are located at these positions around the School site and are as near to hand washing facilities as is practicable:

- Medical Centre
- Senior, Junior and Pre-Prep Receptions
- Highgrove Nursery
- School kitchen
- Science prep rooms
- Design & Technology classroom
- Art and Drama Department
- Sports Department
- Teachers' staff room
- Finance Office
- Estates Office
- Queen's Hall
- Maintenance Department
- House Keeping Office
- Sixth Form Centre
- Grounds Department
- Boarding Houses
- Pastoral Office.
- Swimming Pool
- Cricket Pavilion
- Student Support

- 8.3 If First Aid boxes are used, they should be taken to the School Nurse who will ensure that the First Aid box is properly re-stocked. The School Nurse will examine the First Aid box(es) at this point and otherwise regularly in order to dispose of items safely once they have reached their expiry date.
- 8.4 All requirements for the First Aid kits are supplied by the Medical Centre and are regularly stocked at request of individual departments.
- 8.5 **School minibuses:** The School's minibuses should have a prominently marked First Aid box on board which is readily available for use and which is maintained in a good condition. The First Aid box should be stocked in accordance with part 2 of schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078) which is set out in [appendix 3](#)
- 8.6 **Off-site activities:** First Aid boxes for any off-site activities are kept in the Medical Centre.

9 First Aid in the physical education department

- 9.1 **Location of first aid equipment:** The department is responsible for providing First Aid boxes and bags for the relevant sporting areas within the School. The fixed positions are as follows:

- Senior Sports Teacher's Office
- Cricket Pavilion

There are bags for each team which can be used by Staff and team managers for home and away fixtures.

A wheelchair and blankets are available in the Medical Centre.

- 9.2 **Away fixtures:** A medical bag should be taken with the travelling team. If an incident occurs medical treatment should be sought from the visiting school First Aid Personnel. If necessary, the pupil should be taken to the nearest casualty by a member of Staff. Treatment and after-care should then be followed up by the School Nurse. Any incident of treatment must be reported to the School Nurse on return to School.

10 Information on pupils

- 10.1 Parents are requested to provide written consent for the administration of First Aid, medical treatment and medication. This requirement will not prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.
- 10.2 The School Nurses will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a pupil's functioning at the School to the Head Teacher, Year Leader, teachers and Boarding House Parents on a "need to know" basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a pupil or other members of the School community.

11 Automated External Defibrillators (AEDs)

- 11.1 The School's AEDs are located at the Medical Centre, in the Queen's Hall and in the Junior School Office.
- 11.2 An AED should only be used where a person is thought to be in cardiac arrest. It should not be used where a person is conscious, breathing and / or his or her heart is still beating.
- 11.3 If a person is suffering from a cardiac arrest, the first person on the scene should immediately call the emergency services and commence CPR.
- 11.4 In Resuscitation Council (UK) Guidelines (2015), the absence of normal breathing continues to be the main sign of cardiac arrest in a non-responsive patient. Once CPR has started, the Guidelines recommend that the rescuer should only stop CPR if the victim shows signs of regaining consciousness, such as coughing, opening their eyes, speaking or moving purposefully, as well as breathing normally. Staff trained in Basic Life Support (BLS) are expected to recognise cardiac arrest, call for help and initiate BLS.
- 11.5 If possible, a First Aider who is trained in the use of AEDs should be called for. However, AEDs are designed to be used by any person by following the step by step instructions on the AED.
- 11.6 The person applying the AED should ensure that the area around the casualty is clear when it advises "stand clear" as the shock will be automatically administered. She/he should continue to follow AED instructions until the emergency services arrive.
- 11.7 The AEDs located in the Medical Centre and Queen's Hall are checked regularly each Saturday morning by nursing staff and the Junior AED is checked each week by Junior School staff and also randomly by Nursing Staff, with the inspection being logged in a booklet inside the case of the machines.

12 Hygiene and infection control

- 12.1 If a spillage of blood or other bodily fluids occurs, the School Nurse must be informed. The School Nurse will then arrange for the proper containment, clear up and cleansing of the spillage site.
- 12.2 All Staff should take precautions to avoid infection and to follow basic hygiene procedures (such as regular hand washing).
- 12.3 The First Aider should take the following precautions to avoid risk of infection:
 - 12.3.1 cover any cuts and grazes on their own skin with a waterproof dressing;
 - 12.3.2 wear suitable single use disposable gloves (and other personal protective equipment (PPE) such as aprons where necessary) when dealing with blood or other bodily fluids;
 - 12.3.3 use suitable eye protection and a disposable apron where splashing may occur;
 - 12.3.4 use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;

12.3.5 wash hands after every procedure.

12.4 If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

12.4.1 wash splashes off skin with soap and running water;

12.4.2 wash splashes out of eyes with tap water or an eye wash bottle;

12.4.3 wash splashes out of nose or mouth with tap water, taking care not to swallow the water;

12.4.4 record details of the contamination;

12.4.5 report the incident to the School Nurse and take medical advice if appropriate.

13 Reporting

13.1 In the event of an accident, injury or illness requiring First Aid the relevant First Aider should complete a record of First Aid provisions set out in Appendix 4. These records will be regularly monitored by the Head Teacher or a senior member of staff to identify whether review or change in welfare practice is needed.

13.2 All injuries, accidents and illnesses, however minor, must be reported to the School Nurse and she is responsible for ensuring that the accident report forms and books are filled in correctly and that parent(s) or guardian(s) and HSE are kept informed as necessary.

13.3 **Reporting to Parents:** In the event of serious accident, injury or illness parents or guardian(s) must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Head if necessary.

13.4 **EYFS pupils:** The School will inform parents of any accidents or injury or First Aid treatment that is given to pupils in the EYFS setting on the same day or as soon as is reasonably practicable.

13.5 The School must notify local child protection agencies, as appropriate, of any serious accident or injury to, or the death of, any child whilst in their care and act on any advice given. The School (as a registered provider) must notify Ofsted of any serious accident, illness or injury to, or death of, any child whilst in their care, and of the action taken in respect of it. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring.

13.6 **Reporting to HSE:** Schools are legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (SI 2013/1471) (**RIDDOR**) to report the following to the HSE:

13.6.1 Accidents involving Staff

- (a) work related accidents resulting in death or 'specified' injury (including as a result of physical violence) must be reported immediately (major injury

examples: any loss of consciousness caused by head injury or asphyxia; amputation); or

- (b) work related accidents which prevent the injured person from continuing with his / her normal work for more than seven days; or
- (c) cases of work related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer); or
- (d) certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

13.6.2 Accidents involving pupils or visitors

- (a) accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:
 - (i) any School activity (on or off the premises);
 - (ii) the way a School activity has been organised or managed (e.g. the supervision of a field trip);
 - (iii) equipment, machinery or substances; and / or
 - (iv) the design or condition of the premises.

13.7 More information on how and what to report to the HSE, can be found in *Incident reporting in schools (accidents, diseases and dangerous occurrences)* (EDIS1 (revision 3)) and at <http://www.hse.gov.uk/riddor/resources.htm>. It is also possible to report online via the following link: <http://www.hse.gov.uk/riddor/index.htm>.

14 Records

- 14.1 **School Accident Book:** All injuries, accidents, illnesses and dangerous occurrences (unless very minor in the view of the School Nurse) must be recorded in the School accident and illness book (School Accident Book).
- 14.2 The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness and what First Aid was given. What happened to the injured or ill person immediately afterwards should also be recorded. Records should be stored in accordance with the School's policy on data retention.
- 14.3 **Accident report form:** The School Nurse will fill in an accident report form for every serious or significant accident that occurs on or off the School site if in connection with the School's activities. The School Nurse will fill in an Accident Report Form of any accident or injury sustained and details of any First Aid treatment given to a pupil on or off the School site. Accident report forms will be kept by The Estates Manager and details of the accident will be electronically stored on the pupil's medical notes in PASS. Records will be retained in accordance with the School's normal practices. Where there is a risk of claim, records will

normally be retained for at least three years or if the person injured is a minor (under 18), until they are 21. A template form is set out in [Appendix 4](#)

- 14.4 **Accident to Staff causing personal injury:** The School Nurse will fill in an accident report form in respect of any accident causing personal injury to Staff or visitors and provide a copy of this accident report form to The Estates Manager and also keep a record in the daily diary. The Estates Manager will take reasonable steps to investigate the circumstances of such accidents once she/he receives notice of it. If it is found that there are discrepancies between the information reported and the Operation Director's findings these should also be recorded on the form. These records will be kept by the School Nurse for at least three years or if the person injured is a minor (under 18), until they are 21.

15 **Monitoring**

- 15.1 The Head Teacher or another senior member of staff will regularly monitor and review the School's systems and management of medical welfare and any trends in accidents, injuries and illnesses at the School in order to identify whether a review or change in welfare practice is needed.

Effective date of the policy	30 August 2019
Responsible Member	Rachael Wilson – Senior Nurse

Authorised by	Board of Governors
Signed	Mark Edwards, Chair of Governors
Date	30 August 2019

Appendix 1

Administration of Emergency Salbutamol (Ventolin) Protocol

Salbutamol inhalers for emergency use will be kept in

- The Medical Centre
- Matron's Room in Junior School
- Pre-Prep (for use by Pre-Prep and Nursery)

The emergency salbutamol inhaler should only be used by children;

- Who have been diagnosed with asthma, and prescribed a reliever inhaler
- OR who have been prescribed a reliever inhaler

AND for whom written parental consent for the use of the emergency inhaler has been given.

This information should be recorded in a child's individual health care plan and the schools MIS (Management Information System).

STORAGE AND CARE OF THE INHALER

Each department holding an emergency inhaler is responsible for ensuring that;

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- That replacement inhalers are requested from the medical centre when expiry dates approach
- Replacement spacers are available following use
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

The inhaler should be kept separate from any child's inhaler and clearly labelled as the emergency inhaler. An inhaler should be primed when first used (e.g. spray 2 puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying 2 puffs.

To avoid possible risk of cross infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

DISPOSAL

Spent or out of date inhalers should be returned to the medical centre for return to the pharmacy.

Written by Sue Parratt
Senior School Nurse
October 2016

Signed..... Dated.....
Dr D Downs and Dr G de Cothi SMO

Reference – Guidance on the use of emergency salbutamol inhalers in schools, Department of Health, March 2015

Appendix 2

PROTOCOL FOR THE USE OF AUTO INJECTORS

Following a change in regulations schools are now able to purchase an adrenaline auto injector (AAI) device (also known as an EpiPen) without prescription, for emergency use in children who are at risk of anaphylaxis when their own device is not available or not working (eg it is broken or out of date).

The schools spare AAI should only be used for pupils known to be at risk of anaphylaxis, who have been prescribed an AAI by their Doctor and for whom, written parental permission has been provided.

The schools spare AAI can be administered to a pupil who's prescribed AAI cannot be administered correctly without delay.

Storage and care of emergency AAI

Two members of staff must be nominated for maintaining the emergency anaphylaxis kit.

Store the emergency anaphylaxis kit in a safe and suitably central location such as the school office or staffroom, where all staff have access at all times. The kit(s) should not be located more than 5 minutes away from where they may be needed.

All staff must be notified about the location of each kit. A poster notifying staff about the location of each emergency anaphylaxis kit should be prominently displayed (Appendix 2). The poster will also denote what age group the kit is suitable for. Consider keeping the kit with your "emergency asthma inhaler kit" (containing a salbutamol inhaler device and spacer). Many food-allergic children also have asthma and asthma is a common symptom during food-induced anaphylaxis.

In larger schools, it may be prudent to locate a kit near the central dining area and another near the playground; more than one kit may be needed.

Do not lock the emergency anaphylaxis kit away.

The emergency anaphylaxis kit must be out of the reach and sight of children.

The emergency anaphylaxis kit must be stored below 25°C and protected from extremes in temperature and direct sunlight (do not store close to radiators).

Store the emergency anaphylaxis kit separate from the child's own AAI which might be stored nearby.

On a monthly basis, one of the nominated members of staff must ensure the emergency anaphylaxis kit(s) is present, in date and located in its designated place (Appendix 3). If the Emerade is nearing its expiry date a replacement should be ordered.

Replacement adrenaline auto-injectors must be obtained when expiry dates approach.

Disposal of the adrenaline auto-injector (AAI)

Expired AAI's must be returned to a pharmacy for destruction. Schools should be aware that to do this legally, they must register as a **lower-tier waste carrier**. Registration takes 15 minutes, there is no charge.

Use the link below to register the school

<https://www.gov.uk/waste-carrier-or-broker-registration>

Used AAI's can be given to the ambulance paramedics for disposal in a sharps bin.

School trips including sporting activities

Schools should conduct a risk-assessment for any pupil at risk of anaphylaxis, taking part in a school trip off school premises. Pupils at risk of anaphylaxis should carry their AAI with them and there should be staff trained to administer the AAI in an emergency. Schools may wish to consider whether it may be appropriate to take their emergency anaphylaxis kit on some trips. If the kit is taken off school premises provision of those children remaining in school must be taken into consideration.

Appendix 3

FIRST AID BOX CONTENTS

First aid at work leaflet
Triangular bandage
Assorted steropore dressings (2 of each size and 1 large one)
Gloves
Bag with few pieces gauze
1 packet sterile gauze
1 medium first aid dressing
1 large first aid dressing
10 alcohol free wipes
Few plasters
Eye pad
1 pod eye wash
Foil blanket
Mini resus mask

Boarding Houses first aid boxes

Basic first aid leaflet
Emergency numbers contact list
Mini resus guard
Triangular bandage
Assorted steropore dressings (3 of each size and 2 large)
Gloves
Bag with gauze and plasters
1 packet sterile gauze

2 medium first aid dressings

2 large first aid dressings

Eye pad

Small roll tape

2 pods eye wash

10 alcohol free wipes

1 small ice pack

1 large ice pack

Sports first aid bags

Basic first aid leaflet

Emergency contact numbers list

Mini resus guard

Triangular bandages

Assorted steropore dressings (3 of each size and 2 large)

Gloves

Bag with gauze and plasters

1 packet sterile gauze

2 medium first aid dressings

2 large first aid dressings

1 crepe bandage

Eye pad

1 roll Micropore or similar

1 roll Small Elastoplast

1 roll large Elastoplast

Tampons and ST(girls bags)

1 pod eye wash

10 alcohol free wipes

2 small ice packs

2 large ice packs

Foil blanket

**Appendix 4 Part 2 of schedule 7 of the Road Vehicles (Construction and Use)
Regulations 1986 (SI 1986/1078)**

First Aid equipment:

- Ten antiseptic wipes, foil packed
- One conforming disposable bandage (not less than 7.5 cm wide)
- Two triangular bandages
- One packet of 24 assorted adhesive dressings
- Three large sterile un-medicated ambulance dressings (not less than 15.0 cm × 20.0 cm)
- Two sterile eye pads, with attachments
- Twelve assorted safety pins
- One pair of rustless blunt-ended scissors.

Appendix 5 Record of First Aid



1 About the person who had the accident

Name

Address

Postcode

Occupation

2 About you, the person filling in this record

▼ If you did not have the accident write your address and occupation.

Name

Address

Postcode

Occupation

3 About the accident *Continue on the back of this form if you need to*

▼ Say when it happened. Date / / Time

▼ Say where it happened. State which room or place.

▼ Say how the accident happened. Give the cause if you can.

▼ If the person who had the accident suffered an injury, say what it was.

▼ Please sign the record and date it.

Signature

Date / /

4 For the employee only

▼ By ticking this box I give my consent to my employer to disclose my personal information and details of the accident which appear on this form to safety representatives and representatives of employee safety for them to carry out the health and safety functions given to them by law.

Signature

Date / /

5 For the employer only

▼ Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). To report, go to page 4 of this book or go to www.hse.gov.uk/riddor/report.htm2.

How was it reported?

Date reported / /

Signature

Appendix 6

Guidance and protocols for specific medical conditions¹

Anaphylaxis

Source: <http://www.nhs.uk/conditions/Anaphylaxis/Pages/Introduction.aspx>

Asthma

Source: <http://www.nhs.uk/Conditions/Asthma/Pages/Treatment.aspx>

Diabetes

Source: <http://www.nhs.uk/Conditions/Diabetes/Pages/Diabetes.aspx>

Epilepsy etc

Source: <http://www.nhs.uk/Conditions/epilepsy/Pages/treatment.aspx>